

**HOUSEHOLD HAZARDOUS WASTE COLLECTION  
REPORT FORM**

*This form has been developed to track programs statewide to ensure that future coordinators benefit from the expertise of those who have already implemented collection events.*

**SPONSOR:** Name of Organization/ Municipality \_\_\_\_\_

Address: \_\_\_\_\_

**CONTACT PERSON:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

**CO-SPONSORS/OTHER PARTICIPATING TOWNS:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**LOCATION(S)/DATE (S) OF COLLECTION PROGRAM(S):** ( schoolyard, shopping mall, town office, parking lot, transfer station, etc.)

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHEN WAS YOUR LAST COLLECTION EVENT HELD? \_\_\_\_\_

**HAZARDOUS WASTE TRANSPORTER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**ALLOWABLE REIMBURSEABLE COSTS:**

*Contractor's Costs of Collecting, Sorting, Packing, Transportation and Disposal of the HHW (do not include labor or non- reimbursable items, e.g., alkaline batteries, used oil)\*:*

\_\_\_\_\_ A

Cost of Public Education for the event(s) : \_\_\_\_\_ B

Allowable costs (Total of A + B):

Total: \_\_\_\_\_

\* See letter of non-reimbursable items at [http://www.des.state.nh.us/hhw/grant/jan03\\_letter.pdf](http://www.des.state.nh.us/hhw/grant/jan03_letter.pdf) or call 271-2047 to request a copy.

Total HHW Grant Amount: \_\_\_\_\_

**EVENT INFORMATION:**

NUMBER OF HOUSEHOLDS IN SERVICE AREA \_\_\_\_\_  
NUMBER OF HOUSEHOLDS THAT PARTICIPATED \_\_\_\_\_

EDUCATION/PUBLICITY PROGRAM: (Describe the format/ content/and distribution  
ex. Brochure, hazards around the home/alternatives/ newspaper): Please Attach Samples

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HOW DID YOU ADVERTISE THE EVENT? (newspaper, T.V. radio, etc.)

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WERE THERE ANY HHW YOU DID NOT ACCEPT AND WHY? (LIST AND GIVE REASONS)

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DID YOU ACCEPT SMALL QUANTITY GENERATOR WASTE AT YOUR EVENT? Y\_\_\_\_  
N\_\_\_\_ If no, why not?

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DO YOU HAVE ANY GOOD/BAD EXPERIENCES YOU WOULD LIKE TO SHARE? (ATTACH  
SHEET IF NECESSARY)\_\_\_\_\_

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*Mail completed form to:*

*Household Hazardous Waste Coordinator  
NHDES WMD  
29 Hazen Drive  
Concord, NH 03301-6509  
FAX: 603-271-0869  
e-mail: mwheeler@des.nh.gov*